EXHIBIT “B”

GEOFFREY CROWTHER 05/07/1951

199336.0

February 26, 2007/LUBER/di; Patient is here for a recheck on his left elbow. He has had complaints of left elbow pain and some mechanical symptoms for the past several years. Recently he has undergone neck surgery with Dr. Cowan and an LRTI with Dr. Wenner. Since he has been relatively inactive, his left elbow has become relatively asymptomatic for him. He has had no locking episodes as of late.

Today, his left elbow achieves full extension. He flexes to 130. Fully pronates and supinates. No radiocapitellar crepitus today. No hyperextension pain today. No free-floating loose bodies appreciated today. Mild medial and lateral epicondylar tenderness. No evidence of instability. Negative Tinel's at the level of the elbow. No signs or symptoms of mechanical symptoms associated with exam today.

Plane x-rays today show some early olecranon spur formation posteriorly and what appears to be a large loose body in the anterior lateral chamber.

ASSESSMENT/PLAN: Symptomatic loose body left elbow.

Discussed options today. Because we cannot perform surgery at this time secondary to his recent left hand surgery, I would recommend a CT scan to better delineate early osteoarthropathy and intraarticular loose bodies. Should he have no significant loose bodies other than the one large one, we may consider an injection to treat his symptomatic osteoarthropathy and hold off on diagnostic arthroscopy. Should he have multiple loose bodies, than early arthroscopy will be indicated. I plan to see him back with the results of the CT scan to discuss further options at that time.

GEOFFREY CROWTHER 05/07/1951

199336.0

March 19, 2007 LUBER/um: Mr. Crowther is here for an evaluation and recheck on his left elbow. CT scan is available for our review today. It reveals early degenerative osteoarthropathy, multiple intra-articular loose bodies, what appears to be an old OCD lesion on the posterior surface of the humeral capitellum. Today, he has relatively few symptoms because, again, his work habits have changed. He is about to undergo total knee arthroplasty as well as remaining in a short-arm cast from recent left wrist surgery with Dr. Wenner.

Today on physical examination, well-appearing gentleman, alert and oriented x 3 with a pleasant affect. LEFT ELBOW lacks about 5 degrees of full extension, flexes to about 130 degrees today. No significant radiocapitellar crepitus. No varus or valgus instability. No warmth, redness or erythema. No significant medial or lateral epicondylar pain today. No mechanical symptoms associated with his exam today.

The CT scan is as above.

IMPRESSION:

1. Early degenerative osteoarthropathy of the left elbow.
2. Left knee loose bodies.
3. Left knee capitellar old osteochondritis dissecans lesion.

PLAN: Based upon the deformity of his capitellum, I would recommend an open arthrotomy for loose body removal as well as radial head resection. I think that this offers him the best expectations of long-term success for not only his osteoarthropathy, but also his loose bodies. I would be concerned that simple arthroscopy with removal of loose bodies, but no treatment of his OCD lesion may leave him with ongoing symptoms. He will consider his options, await his upcoming bilateral total knee arthroplasty, and check back with me thereafter.

199336

Baystate Orthopedic Surgery Center
298 Carew St., Springfield, MA

NAME: CROWTHER, GEOFFREY
DOB: [redacted]
MR#: [redacted]

OPERATIVE REPORT

PRELIMINARY REPORT UNLESS MANUALLY/ELECTRONICALLY SIGNED

PROCEDURE DATE: 02/27/2009

PREOPERATIVE DIAGNOSIS: Left elbow degenerative osteoarthropathy with loose bodies.

POSTOPERATIVE DIAGNOSIS: Left elbow degenerative osteoarthropathy with loose bodies.

PROCEDURES:
1. Left elbow diagnostic and operative arthroscopy with intraarticular debridement, extensive.
2. Left elbow loose body removal.
3. Left elbow olecranon and coronoid spur removal.

SURGEON: Martin Luber, M.D.

ASSISTANT: Kevin MacPherson, PA-C.

ESTIMATED BLOOD LOSS: Minimal.

ANESTHESIA: General.

COMPLICATIONS: There were no apparent intraoperative complications.

OPERATION IN DETAIL: After the patient gave informed consent for the operative procedure, he was brought to the operating room, placed supine on operating table. Following induction of general anesthesia, the patient had the left upper extremity prepped and draped in sterile fashion in the modified right lateral decubitus position. Standard proximal anteromedial and proximal anterolateral portals were created under direct vision. Intraarticular evaluation of the anterior chamber revealed two small anterior chamber loose bodies. The patient had a prominent olecranon spur. Loose bodies were removed. The olecranon spur removed with an osteotome. There was no significant degenerative change of the radiocapitellar joint or the anterior humerus. The anteromedial and anterolateral gutters were free of additional loose bodies.

Attention was turned to the posterior chamber. Direct posterior and accessory posterolateral portals were created. Large posterior osteophyte was encountered and removed with an arthroscopic shaver. Large olecranon spur was identified and removed with an osteotome. I used the barrel bur to deepen the olecranon fossa. The posteromedial gutter and posterolateral gutters were free of additional loose bodies or significant degenerative change or synovitis. After an appropriate posterior chamber debridement of soft tissue and the bony fragment as mentioned above, instruments were removed. Portal sites were closed with interrupted nylon

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sutures. The patient placed in a sterile dressing and transferred to recovery room in stable condition.

DocID: 845486

Dictated by: Martin Luber, M.D.

Preliminary report

Martin Luber, M.D.
D: 02/27/2009 10:21 A
T: 02/27/2009 12:14 P
esc#: 000845486
foc
cc: Martin Luber, M.D.